


FLORIDA HIGHWAY PATROL

POLICY MANUAL

	SUBJECT INFECTIOUS DISEASE	POLICY NUMBER 21.01
		ISSUE DATE 02/01/96
	APPLICABLE CALEA STANDARDS	REVISION DATE 01/15/08
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21.01.01 PURPOSE

To establish policy and procedures which will enable the Florida Highway Patrol to protect Division employees from unnecessary risk of exposure to infectious disease.

21.01.02 POLICY

It is the policy of the Florida Highway Patrol that members/employees will assist in providing care for victims of crashes, crimes, or sudden illness as well as arrestees. At some point it is predictable that members will come into contact with a person who has an infectious disease such as Acquired Immune Deficiency Syndrome (AIDS), Hepatitis or other infectious diseases. It is the policy of the Florida Highway Patrol to safeguard, to the highest degree possible, Division members that may come in contact with blood, other body fluids, or other potentially infectious materials in the performance of their duty without sacrificing essential services.

Extreme caution should be exercised and all procedures set forth in this policy shall be utilized when dealing with blood and blood stained items, other body fluids, and suspected infectious persons.

This policy will serve as both the Division's Infectious Disease Exposure Control Plan, and Biomedical Waste Operating Plan, and applies to all members who, while performing their normal occupational duties, may anticipate exposure to blood-borne pathogens or other contagious diseases. All members, including the Florida Highway Patrol Auxiliary and Reserve Officers, are to comply with these plans.

21.01.03 DEFINITIONS

- A. **DIVISION INFECTIOUS DISEASE CONTROL OFFICER** - A training officer at the Florida Highway Patrol Training Academy assigned to perform all Infectious Disease Control Officer duties by the Chief Training Officer.
- B. **BLOODBORNE PATHOGENS** - Means pathogenic microorganisms are present in human blood and can cause disease in humans. The pathogens include, but are not limited to, Hepatitis B (HBV), and Human Immunodeficiency Virus (HIV), and Acquired Immune Deficiency Syndrome (AIDS).
- C. **BIOMEDICAL WASTE** - Any solid or liquid waste which may present a threat of

infection to humans. Examples include non-liquid tissue and body parts from humans and other primates; laboratory and veterinary waste which contain human disease-causing agents; discarded sharps; and blood, blood products and body fluids from humans and other primates. Also, used absorbent materials saturated with blood, body fluids, or excretions or secretions contaminated with blood and absorbent materials saturated with blood or blood products that have dried. Absorbent material includes items such as bandages, gauzes and sponges. Body excretions such as feces and secretions such as nasal discharges, saliva, sputum, sweat, tears, urine, and vomitus shall not be considered biomedical waste unless visibly contaminated with blood.

- D. **SHARPS** - Intact or broken objects capable of puncturing, lacerating, or otherwise penetrating the skin.

21.01.04 OBJECTIVES

- A. To provide guidelines/information to members/employees for overcoming fear and anxieties regarding infectious diseases.
- B. To provide uniform hygiene procedures to members/employees as a preventive measure against the transmission of an infectious disease.
- C. To provide uniform follow-up procedures when a member/employee has been exposed to an infectious disease or contaminated equipment.
- D. To train members in job classifications where occupational exposure to blood or other potentially infectious materials is reasonably anticipated:

Minimally, the following job titles shall be included:

- | | |
|---|----------------------------|
| - Law Enforcement Officer (trooper) | - Law Enforcement Major |
| - Law Enforcement Investigator I (corporal) | - Troop Commander |
| - Law Enforcement Sergeant | - Bureau Chief |
| - Law Enforcement Investigator II | - Deputy Director |
| - Law Enforcement Pilot | - Director |
| - Law Enforcement Lieutenant | -Community Service Officer |
| - Law Enforcement Pilot II | - FHP Auxiliary Member |
| - Law Enforcement Captain | - FHP Reserve Member |
| - Office Operations Manager (OOM) | |

21.01.05 RESPONSIBILITIES

- A. The Division designated infectious disease control officer assigned to the FHP Training Academy shall be responsible for development and implementation of required training, coordinating the maintenance of records, and ensuring this policy is reviewed and/or updated annually.
- B. The Office Operations Manager (OOM) shall be the troop designated infectious disease control coordinator, and shall:
 1. Ensure that each affected member is properly equipped with applicable

personal protective equipment and is in full compliance with this policy.

2. Assist the Division Infectious Control Officer in affecting compliance with training, records, and ensuring that the requirements of this policy are complied with.

21.01.06 PROCEDURES

- A. "Significant exposure," as defined in Section 381.004(2)(c), F.S., means:
 1. Exposure of mucous membranes to visible blood or body fluids.
 2. Exposure through needle sticks, sharps, or instruments.
 3. Exposure of skin to visible blood or body fluids especially where the skin is chapped, abraded, or afflicted with dermatitis (skin sores, rashes, etc.), or contact is prolonged or involving an extensive area.
- B. "Body fluids" - Those fluids which have the potential to harbor pathogens and shall include:
 1. Blood (Lymph).
 2. Semen.
 3. Vaginal secretions.
 4. Cerebra-spinal fluid (fluid from the brain or spine).
 5. Synovial fluid (fluid from the joints).
 6. Pleural fluid (fluid from the lungs).
 7. Peritoneal fluid (abdominal fluids).
 8. Pericardial fluid (fluid from the heart).
 9. Amniotic fluid (fluid surrounding a fetus).
 10. In circumstances where identification of the fluid is difficult, it shall be considered to be a regulated body fluid.
- C. A "contamination" occurs when a person's blood or any other body fluid is transferred to another person. Examples include when blood or body fluid splashes or comes in contact with another's skin where there are no cuts, sores, or abrasions.
- D. A member who reasonably believes he/she has received a "significant exposure" and has been exposed to an infectious disease, as defined in Section 21.01.06(A) above, shall:

1. Gather information about the person involved (keeping in mind confidentiality). Information collected by the member shall include name, date of birth, any medical information legally available, where the person can be located, and what has led the member to believe that the person has an infectious disease.
2. Contact his/her supervisor immediately. The supervisor shall complete a first report of injury and contact the medical facility designated under Workers' Compensation as the initial treatment source or the nearest hospital emergency room, or walk-in clinic, and advise the doctor of all the facts about the exposure and follow the doctor's instructions.
3. Submit an incident report to the appropriate Deputy Director via the chain of command, who will forward a copy to the Division's Infectious Disease Control Officer.
4. To maintain compliance with the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, the names of members exposed to a possible infection shall remain confidential in all areas except to those immediately involved.
5. When a supervisor has been notified that a member believes that he/she has been exposed to an infectious disease, the supervisor shall ask the suspected carrier to voluntarily submit to a blood test. The test shall be administered by a licensed medical professional and paid for by the Division.
6. If the person who causes the significant exposure is arrested and refuses to provide a blood sample, the member should include information in the arrest/notice to appear form detailing the exposure and should note "body fluid exposure" in the area where the member lists the charges. The member will need to contact a doctor to obtain a sworn statement attesting both that a significant exposure has occurred and that the screening is medically necessary to decide the course of treatment for the member. The physician's statement is probable cause for the issuance of the Warrant for Examination. This statement, along with the member's report documenting the exposure, will be presented to a judge along with the Warrant for Examination to seek a court ordered blood test. The member should attach the sworn statement of the physician to the Affidavit for Warrant to Conduct Examination. The results of the blood test will be sent to the member's physician, who will contact the member directly in reference to the results.

If the arrestee consents to the blood test, appropriate medical personnel at the jail will be requested to draw the blood. The suspect will need to sign the consent form provided to ensure that the results are forwarded to the member's physician.

7. If a member receives a "significant exposure" from a person who is not

arrested, the member should try to get the person to sign the consent form and ask the person to go to the county health department where the test may be conducted. The consent form should be given to the county health clinic to ensure that the results are forwarded to the appropriate physician. If the member cannot secure voluntary consent for a test, the supervisor should obtain a warrant for an examination. Once the warrant is issued, the supervisor may use reasonable force to take the person to the health clinic for testing.

8. To secure a warrant for a blood test, members must fill out an Affidavit for Warrant to Conduct Examination. The supervisor will include a report explaining the "significant exposure" and to which body fluid the member was exposed. The member does not need to describe the criminal act that lead to the exposure, only that the affected member was employed as a law enforcement officer at the time.
 9. When the affidavit has been completed, the supervisor will need to contact a doctor to obtain a sworn statement attesting to the significant exposure to body fluids. The supervisor shall take the Affidavit for Warrant, Warrant, doctor's sworn statement, and a copy of the incident report to the state attorney for assistance, or initial appearance judge for their signature.
 10. When the warrant is obtained and served, the person listed on the warrant, if incarcerated, will have his blood drawn by appropriate medical personnel at the jail. If the person is not in custody, the supervisor may use reasonable force to take the person to the county health department for the blood test.
- E. Suspected infectious persons should be treated with caution. Where violence or an altercation is likely, protective devices should be worn. The following precautions shall also be observed:
1. All members should obtain Hepatitis B vaccinations as soon as practical after employment, but **SHOULD** be obtained prior to the end of the member's probationary period.
 2. Use a resuscitator mask when performing mouth-to-mouth resuscitation or CPR.
 3. Disposable surgical gloves and items from the Infectious Control Kit (as needed) shall be worn when handling blood or other body fluids, regardless of whether such fluids are wet or dry. Rings, jewelry or long fingernails will compromise the structural integrity of the gloves. Members shall make certain the gloves are not torn before using. Appropriate attire will also be worn when members observe autopsies or enter the area of a morgue where autopsies are performed. In any area where blood, other body fluids, or the potential for other contagious factors exist or are suspected, members will not smoke, eat, drink, use smokeless tobacco products, apply lipstick, or handle contact lenses for

any reason.

4. Clean hands immediately with liquid germicidal and/or hand-wipes after contact with body fluids or suspect persons.
5. Wash hands thoroughly with hot water and germicidal soap following contact with blood or other body fluids. Hand washing must be done even if gloves have been worn.
6. Make it a practice to bandage open wounds or cuts on hands to avoid direct contact with contaminated body fluids. Bandages should be changed if they become wet or soiled.
7. Use care when conducting searches of suspects or vehicles. Never blindly place hands in areas where there may be sharp objects that could puncture the skin.
8. Members who have been diagnosed as having leukemia or other forms of cancer, or who are taking medication which suppresses the immune system, should not enter areas where there are body fluids present or have contact with persons who have an infectious disease.
9. Members should flush eyes, mouth, and exposed cuts with sterile water immediately after an exposure to such areas.

F. The Hepatitis B vaccination consists of the following:

1. A pre-test (optional).
 - a. Vaccination offered during recruit school.
 - b. Vaccination offered to all rehired members.
 - c. Vaccination offered again after "significant exposure."
2. Three inoculations.
 - a. The initial injection.
 - b. The second injection 30 days later.
 - c. The final injection in 6 months.
3. A post-test to determine if immunization immunity has occurred.
4. All three injections, and the post-test, must be administered in order for the vaccine to be effective and immunity verified.

G. If any member declines the vaccination, it is mandatory that he/she sign a Hepatitis B vaccine declination form. However, if at a later date the member

decides to be vaccinated, he/she may receive the inoculations and post-test at the Division's expense. Vaccinations will be administered by a licensed medical professional.

- H. Members shall ensure that adequate supplies are available for infection disease control at all times. Supplies will include, but are not limited to:
 - 1. Disposable gloves.
 - 2. Red polyethylene or polypropylene bags which meet the specifications of Rule 64E-16, Florida Administrative Code (F.A.C.).
 - 3. Liquid and/or aerosol germicidal cleaner (or like substance).
 - 4. Disposable germicidal hand-wipes (60% isopropyl alcohol or greater).
 - 5. CPR mask (ventilation mask).
 - 6. Examination mask and eye shield.
 - 7. Tybek sleeves.
 - 8. Tybek coveralls.
 - 9. Sharps tube.
 - 10. Scoops.
 - 11. Sterile water.
 - 12. Shoe covers.
 - 13. "Red Z" absorbent packs.
 - 14. Liquid household bleach.
- I. Members shall maintain a disposable infectious control kit in their assigned first aid kit containing the following items:
 - 1. One examination mask and eye shield.
 - 2. One examination gown.
 - 3. Two pair of examination gloves.
 - 4. Two germicidal hand-wipes.
 - 5. CPR mask (ventilation mask).
- J. Other personal protective equipment is to be stored in the trunk area of the

vehicle, preferably in the first aid kit. One exception is examination gloves. Gloves should be stored in the passenger compartment due to their sensitivity to heat.

- K. Line supervisors shall maintain adequate supplies of personal protective equipment to ensure immediate replacement of items used by members.
- L. Extreme caution should be used during the search of suspects to prevent accidental skin punctures by needles. Extreme caution must also be used when reaching into areas, such as under car seats that are not visible.
 - 1. After the completion of the task or search where protective disposable gloves were utilized, they should be removed with caution, placed in an approved red bag and securely sealed at the point of origin. The bag must be labeled with name, address and date the waste was generated.
 - 2. Upon returning to the station, members shall place the sealed bag into a biomedical waste container. This container shall be located in an area that is not accessible to the general public, either inside or outside of the building.
- M. Whenever it is necessary to transport a subject known to have an infectious disease who has blood or body fluids present on his/her person or clothing, a supervisor shall be notified.
 - 1. Subjects known to have an infectious disease, with blood or body fluids present on their person, should be transported separately from other subjects when practicable.
 - 2. Members have an obligation to inform other support personnel (firefighters, paramedics, other law enforcement personnel, de-tox personnel, tow truck drivers, etc.) whenever the transfer of custody of persons/property occurs and the subject has blood or body fluids present on his/her person; or if the subject has made a voluntary statement that he/she has an infectious disease.
 - 3. Members shall indicate on the appropriate arrest forms when a subject taken into custody makes a voluntary statement that he/she has an infectious disease; narratives also will be included when preparing reports. Additionally, a notation should be made when a subject has blood or body fluids present on his/her clothing.
 - 4. Information in records (e.g.; test results) regarding an employee or arrestee with AIDS or other communicable disease is confidential. Access to such information is limited to staff who have a legal need to know. Disclosure of any information, except as required by law, must not be made unless the expressed written consent of the employee/arrestee is obtained.
- N. Evidence containing suspected blood or other body fluids should be handled with

disposable gloves. If the stain or sample is dry, the evidence should be placed in a paper bag. A proper evidence tag, evidence processing request, and a special label should be affixed to the outside of the package. If the evidence consists of a syringe and needle, the needle portion should be handled with extreme care and made safe by placing it in an approved sharps container. The sharps container should be placed in a plastic bag so that it can be seen by persons handling the evidence. Special precaution should be taken when body fluids are present.

- O. Members working in areas for extended periods of time where blood or other body fluids have been shed (for example, crashes involving injuries or fatalities, observing autopsies) should wear anti-contamination clothing, such as suits, masks, boot covers, and gloves (Infectious Control Kit).
- P. Property custodians will adhere to a precise regimen when handling, processing and storing potentially infectious disease-contaminated evidence/property.
 - 1. Any clothing or evidence known to be contaminated with a suspected infectious disease will be placed in a designated area and clearly labeled.
 - 2. Protective disposable gloves will be furnished to members handling contaminated evidence.
 - 3. All property for disposal shall be placed in approved red bags, sealed, labeled, and placed in a properly labeled container.
- Q. When Division issued or personal property is contaminated by blood or body fluids in the line of duty, members will place the items in an approved red bag with appropriate label. The label must show station name, address, and date the waste was generated. Members will inform the appropriate supervisor that infectious disease contaminated items are in their custody. The Division provides an adequate number of uniforms to members to ensure a change of clothing will be available when uniforms become contaminated and members require a change of clothing.
- R. A supervisor will be contacted prior to the member being evaluated clinically and serologically for evidence of infection. A copy of the evaluation shall be placed in the confidential infectious disease exposure file. Periodic tests will be conducted and evaluated at intervals as determined by the attending medical professional.
- S. When personal contamination of a member occurs, the following reports will be completed and forwarded to the Troop Commander:
 - 1. First Report of Injury.
 - 2. Any other forms deemed proper by the Division.
 - 3. Medical treatment plan, if needed.
 - 4. Incident Report to include the following information:

- a. Specific description of tasks being performed when exposure occurred.
- b. List specific personal protective equipment (PPE) being worn. If PPE failed, explain how.
- c. What body fluids were you exposed to (blood or other potentially infectious material)? Be specific.
- d. What parts of your body became exposed and the size of the area exposed?
- e. How long was the exposure?
- f. Did a foreign object penetrate your body? What was the object?
- g. Were any fluids injected into your body? What fluid and how much?
- h. Where, when and who provided your medical attention?
- i. Provide the source individual's name and other information if available.

T. The following are examples of personal exposure:

1. The handling of bloody or wet items, where scratches, cuts, or open sores are noticed on the area of contact.
2. Direct contact with body fluids from a subject on an area where there is an open sore or cut.
3. Direct mouth-to-mouth resuscitation (CPR).
4. The receiving of a cut or puncture wound as a result of searching or arresting a suspect subject.

U. Disinfection procedures shall be affected when a Division vehicle has been contaminated with blood or other body fluid.

1. A supervisor shall be notified and the vehicle taken or towed to a decontamination area (patrol station or other area authorized by the Troop Commander) as soon as possible.
2. Members will affect disinfection procedures (where appropriate).
 - a. Affected vehicles shall be immediately designated by the posting of a "Contaminated Area" sign.

- b. PROTECTIVE DISPOSABLE GLOVES WILL BE WORN DURING ALL PHASES OF DISINFECTION. All contaminated surfaces shall be cleaned with an industrial strength detergent and subsequently disinfected as defined in Rule 64E-16 F.A.C.
 - c. A broad-spectrum activity virucidal-germicidal solution shall be prepared precisely according to prescribed OSHA standards.
 - d. All disposable contaminated cleaning items shall be placed in approved red bags, labeled and placed in the designated "Biomedical Waste Container."
 - e. All Division vehicles shall be periodically disinfected in the interior with the approved virucidal-germicidal solution or aerosol spray. This should be routinely done after transporting persons of high-risk groups, and at least every six months if prisoners have been transported in the vehicle.
- V. The following procedures shall be followed when disinfecting small items or equipment:
 - 1. Wash the item with an industrial strength detergent and hot water, and then rinse thoroughly.
 - 2. Soak the item in a solution of water and household bleach for 10 to 15 minutes. Use a concentration of 1 to 1 1/2 cups of bleach for each gallon of water. Rinse with water and air dry.
 - 3. Evidence collection equipment contaminated with blood or other body fluids should be disinfected after each use by using appropriate guidelines.
 - 4. Resuscitation masks should be disposed of as biomedical waste.
- W. Uniforms or other clothing soiled with blood or other body fluids should be laundered using the following procedures:
 - 1. Fabrics requiring dry cleaning should be placed in a red contamination bag, tagged and sent to a Commercial Hazardous Exposure Cleaning Facility (CDC Guidelines).
 - 2. In the event the cost to launder or dry clean clothing is close to or exceeds the cost of the clothing, the clothing may be disposed of as biomedical waste.
 - 3. Contaminated clothing is never to be washed at the member's home or a coin laundry.
- X. To decontaminate large areas, disinfect with the bleach and water solution, and then clean with soap or detergent.

- Y. Disposable plastic gloves, clothing and other contaminated items must be disposed of as biomedical waste to minimize the risk of infection.
 - 1. Contaminated items shall be packaged at the point of origin in an approved red bag, sealed, and labeled with station name, address, and date the waste was generated.
 - 2. Contaminated items shall be placed in the biomedical waste container located at each station.
 - 3. Contaminated items shall be disposed of by entering into a contract or agreement with local hospitals or a transporter registered with the Department of Environmental Protection to transport biomedical waste.
- Z. The following records will be maintained by the Division and troop infectious disease control officer:
 - 1. An accurate medical record will be kept in a confidential file for each member with an occupational exposure. This record will contain all necessary information as required by OSHA standards.
 - 2. Medical records will be kept confidential and not disclosed or reported without the member's express written consent to any person within or outside the workplace, except as required by OSHA standards or by law.
 - 3. Medical records will be maintained for the duration of employment plus 30 years as required by OSHA standards.
 - 4. Medical records will contain appropriate information regarding member's Hepatitis B vaccination or Refusal form.
 - 5. Training records will be maintained as required by OSHA standards, and Rule 64E-16, F.A.C.
- AA. All members affected by this plan are required to participate in the blood-borne pathogens standard training program. Training will be provided at the time of initial assignment and at least annually thereafter. Training shall contain, at a minimum, the following elements:
 - 1. Accessible copy of the regulatory text of the OSHA standard and an explanation of its contents.
 - 2. General explanation of the epidemiology and symptoms of blood-borne diseases.
 - 3. Explanation of the modes of transmission of blood-borne pathogens.
 - 4. Explanation of the Division's exposure control plan.

5. An explanation of the tasks and other activities that may involve exposure to blood and other potentially infectious materials.
6. Explanation of the use and limitations of methods that will prevent or reduce exposure including work practices and personal protective equipment.
7. Provide information on the proper use, removal, handling, decontamination, and disposal of personal protective equipment.
8. Explanation of the Hepatitis B vaccine, including the method of administration, benefits, and that it is free of charge to the employee.
9. Explanation of actions to take and persons to contact if exposure occurs. Also, explain medical follow-up, post exposure evaluation and medical follow-up.
10. Familiarize members with the signs and labels and/or color coding required by OSHA standards to identify and/or label contaminated items.
11. A copy of the Department of Health Rules and Regulations, Rule 64E-2, Florida Administrative Code, Emergency Medical Services, may be obtained from the local station or the Office Operations Manager (OOM).
12. Details for compliance with Rule 64E-16, F.A.C. The training program shall be maintained at the Florida Highway Patrol Academy.

BB. Biomedical waste guidelines.

1. Biomedical waste generated by members of the Division may include the following:
 - a. Uniforms, personal protective equipment, or other equipment issued by the Division which has been contaminated with blood or other body fluids.
 - b. Various types of evidence that have been contaminated by blood or body fluids shall include, but is not limited to:
 - (1) Blood and urine specimen kits.
 - (2) Clothing.
 - (3) Motor vehicle parts.
 - (4) Syringes.
 - c. Biomedical waste spills in patrol cars shall first be cleaned with an industrial strength cleaner and disinfected as defined in Rule 64E-16, F.A.C.

2. Handling of biomedical waste.

- a. Point of origin for biomedical waste will vary depending upon the particular job function(s) of each member.
- b. When biomedical waste is generated, the member will immediately place the biomedical waste in an approved red bag. The bag shall be labeled with the date the waste was generated, and the station's name and address. The bag will be sealed and transported to a medical facility or district office and deposited in a biomedical waste container for disposal. The waste will then be picked up by a department environmental protection biomedical waste transporter pursuant to a state contract for proper disposal.
- c. All sharps shall be placed into a single use sharps container. All sharps shall be labeled 'biohazard' or 'biomedical waste,' date the container was closed, and include the station's name and address.
- d. All biomedical waste containers will be located in a secure area away from the general public, be vermin and insect free, and shall be maintained in a sanitary condition.
- e. The containers shall be constructed of smooth, easily cleanable materials that are impervious to liquids.

FLORIDA HIGHWAY PATROL

DATE: _____
TO: The Honorable _____
FROM: Doctor _____
SUBJECT: Significant Exposure of Body Fluids

Please be advised that I, the below signed physician, am a licensed physician in the State of Florida. I have reviewed the facts contained in the Affidavit for Warrant, the report contained in case number _____ and have spoken with the officer preparing the warrant.

It is my professional opinion that the exposure described in the above listed warrant is a significant exposure as defined in Chapter 381, Florida Statutes. The taking and testing of blood from the person responsible for the significant exposure is medically necessary to determine the course of treatment for the person so exposed.

I do hereby swear and affirm that the facts contained herein are true and accurate to the best of my knowledge.

PHYSICIAN'S SIGNATURE

STATE OF FLORIDA

COUNTY OF _____

SWORN TO and SUBSCRIBED before me and

☐ PERSONNALLY KNOWN ☐ HAVING PRODUCED IDENTIFICATION

(Type of identification produced - _____)

This ____ day of _____ 20____.

Notary Public/Law Enforcement Officer

RELEASE OF MEDICAL INFORMATION

I, _____ residing at _____,
in _____ County, Florida, hereby authorize the drawing of my blood and the
release of any and all blood-work, including, but not limited to, AIDS, HIV, and Hepatitis B tests,
performed by or through the _____ County Public Health Department located
at _____ Florida _____, telephone
number (____) _____ or through the _____ County Correctional Facility. I
additionally authorize the medical facility to release these results to Trooper
_____ a law enforcement officer with the Florida
Highway Patrol, who reasonably believes that he/she came into contact with my body fluids as
defined in Chapter 381, Florida Statutes, during the course and scope of the officer's
employment.

I acknowledge that I have read and fully understand this release and that I have
been provided with the opportunity to have my legal counselor review said agreement if I
believe it to be necessary.

Dated this _____ day of _____, 20_____.

Subject's Printed Name

Subject's Signature

Witness' Printed Name

Witness' Signature

IN THE CIRCUIT/COUNTY COURT OF
THE _____ JUDICIAL CIRCUIT, IN AND
FOR _____ COUNTY, FLORIDA

STATE OF FLORIDA)
)
COUNTY OF _____)

AFFIDAVIT FOR WARRANT TO CONDUCT EXAMINATION

Personally comes the affiant, _____ acting on behalf of the State of Florida as employer of the below named employee, before the Honorable _____ Judge in and for _____ County in the _____ Judicial Circuit of Florida, who states under oath that, based on the following facts, I have probable cause to believe that _____, an officer as defined in Section 943.10(14), Florida Statutes, who, while acting in the scope of employment, has come into contact with a person in such a way that a significant exposure, as defined in Section 381.004, Florida Statutes, has occurred. Said person is more particularly described as:

Name: _____
Date of Birth: _____ Race: _____ Sex: _____
Address: _____

Said person will not voluntarily submit to a screening for sexually transmissible diseases as provided in Section 381.004, Florida Statutes. The affiant seeks a court order directing the person named above, who is the source for the significant exposure, to submit to a screening. A sworn statement from Doctor _____, a physician as licensed according to Chapters 458 or 459, Florida Statutes, has been obtained which provides that a significant exposure has occurred and that, in the physician's medical judgment, the screening is medically necessary to determine the course of treatment for the above named employee.

The facts providing cause to believe that exposure occurred are as follows:

Wherefore, the affiant prays that a warrant be issued commanding any or all of the troopers in the State of Florida, investigators for the State of Florida, any agent of the Department of Law Enforcement, or any police officer within the State of Florida, with the proper and necessary assistance, take _____ into custody and deliver to the medical facility of the Department of Health, or to such other medical facility designated by the court, for the purpose of testing for the presence of sexually transmissible diseases including, but not limited to, AIDS, HIV, and Hepatitis B, as provided by Section 381.004, Florida Statutes.

Affiant

SWORN and SUBSCRIBED before me this _____ day of _____ 20____.

Judge

IN THE CIRCUIT/COUNTY COURT OF
THE _____ JUDICIAL CIRCUIT, IN AND
FOR _____ COUNTY, FLORIDA

STATE OF FLORIDA)
)
COUNTY OF _____)

WARRANT TO CONDUCT EXAMINATION

THE STATE OF FLORIDA:

TO: ALL OR ANY OF THE SHERIFFS OF THE STATE OF FLORIDA,
INVESTIGATORS OF THE SEVERAL STATE ATTORNEYS OF THE STATE OF
FLORIDA, ANY AGENT OF THE FLORIDA DEPARTMENT OF LAW
ENFORCEMENT, TROOPER OF THE FLORIDA HIGHWAY PATROL, OR ANY
POLICE OFFICER WITHIN THE STATE OF FLORIDA

An affidavit having this day been presented to me wherein it is alleged that there
is probable cause to believe that the person described as:

Name: _____
Date of Birth: _____ Race: _____ Sex: _____
Address: _____

has caused a significant exposure, as defined in Section 381.004, Florida Statutes, to
_____, an officer as defined in Section 943.10(14),
Florida Statutes, while said employee was acting within the scope of employment.

You are commanded to take _____ into custody
for delivery to _____, a medical
facility of the Department of Health, or to _____, a
medical facility designated by this court, using such force as is reasonably necessary to effect
said delivery and the examination ordered pursuant to this warrant, and the personnel of said
facility are hereby ordered to screen said individual for sexually transmissible diseases that can
be transmitted by significant exposure including, but not limited to, AIDS, HIV, and Hepatitis B,
as designated by the applicable administrative rules as promulgated by the Department of
Health, using any medically approved method, including the drawing of blood in a reasonable
manner, and to deliver the a report of said examination to the employee's designated medical
facility for disclosure in accordance with the provisions of Section 381.004, Florida Statutes.

The officer executing this warrant shall leave a copy of this warrant with the
subject of the warrant and with the testing facility and shall return this warrant, along with a copy
of the Return Inventory and Receipt, to this court within ten days of its service.

_____. 20 ____.

Circuit/County Judge

STATE OF FLORIDA)
)
COUNTY OF _____)

I, _____ received this Warrant for Examination on the _____ day of _____, 20____, and executed the same in County, Florida, on the _____ day of _____, 20____, by causing the examination of the person named in the warrant and by having delivered a copy of this Search Warrant to _____ the person named in the warrant. I additionally left a copy of the Search Warrant with _____, the person who drew the blood.

Blood drawn from the person described in the Search Warrant.

TROOPER

POLICY 21.01 - 20

DIVISION OF FLORIDA HIGHWAY PATROL

HEPATITIS B VACCINATION DECLINATION FORM

I _____ fully understand that as a sworn officer of the Florida Highway Patrol, I can anticipate coming into contact with or being exposed to blood or other potentially infectious materials as a result of my occupation as a law enforcement officer. I also fully understand that because of these anticipated exposures, I may be at risk for contracting the Hepatitis B virus (HBV). I understand that I have been given the opportunity to be vaccinated at no cost to me with Hepatitis B vaccine.

I decline receiving the Hepatitis vaccine at this time. I fully understand that by declining this vaccine, I will continue to be at risk of contracting the Hepatitis B virus which is a serious disease that can result in long term problems such as chronic active hepatitis, chronic persistent hepatitis, cirrhosis of the liver, and primary cancer of the liver.

If in the future, as I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with the Hepatitis B vaccine, I can receive the full vaccination series at no charge to me.

Employee's Name (Please Print)

Employee's Signature

Date

REF: "Occupational Exposure to Blood-borne Pathogens - Final
Rule, CFR Part 1910.1030", Federal Register, Volume 56 (NO. 235)
Appendix - page 64182.

Distribution:

Original to employee's personnel file
Photocopy to employee

DIVISION OF FLORIDA HIGHWAY PATROL

Employee's Name: _____

People First ID Number: _____

Troop: _____ District: _____

Initial Date of Employment: _____

HEPATITIS B VACCINE OFFERED:

☐ ACCEPTED

	Date of Vaccinations	Administered By:
Injection #1		
Injection #2		
Injection #3		

☐ DECLINED

(Employee must sign and attach declination form.)

REASONS:

☐ Employee chooses not to accept vaccination.
See attached Hepatitis B Vaccination Declination form.

☐ Employee was previously vaccinated, laboratory documentation or physician's report is attached.

☐ Vaccination is contraindicated - Employee is allergic to vaccine preparation.

☐ OTHER - See Hepatitis Vaccination Declination form.